STATEMENT OF ORGANIZATION		OFFICE USE ONLY
Name and Address of Committee	2. Date of this Statement	2013
Committee to Elect Joey Hester	7/11/13	2013 3/0
	3. Estimated Membership 5	3/0 7/15
Check If: New Committee X Monthly Filer	4. Amended Statement? YesNo	P+ 9702 XXXX
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)		
a. Name b. Position	c. Address	
Tina Hester Chairperson	9946 Loveland Cour	t Shreveport, LA 71106
Tracy Hester Treasurer	10349 Keysburg C	Ct, Shreveport, LA 71106
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) a. Neade b. Address c. Relationship to Committee		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) a. Name b. Address		
Red River Bank 1020 Bridgewater Ave. Shreveport, LA 71103		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <u>X</u> Principal Campaign Committee <u>X</u> Subsidiary Committee		
b. Name of Candidate Joey Hester		c. Office Sought by the Candidate Shreveport City Marshall
9. a. Name of Person Preparing Report Pamela Breedlove b. Daytime Telephone 318-423-0845		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.		
This		
Signature of Committee Treasurer, if any	3) Dayi	S-572.5583 time Telephone Number